

**FEE TRANSMITTAL
for FY 2003**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT (\$)** 110.00

Complete if Known	
<i>Application Number</i>	09/482,691
<i>Confirmation Number</i>	7347
<i>Filing Date</i>	January 13, 2000
<i>First Named Inventor</i>	Policicchio et al.
<i>Examiner Name</i>	M. Spisich
<i>Group/Art Unit</i>	1744
<i>Attorney Docket No.</i>	6553D

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METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
- Deposit Account Number **16-2480**
 Deposit Account Name **The Procter & Gamble Company**
- Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION**1. BASIC FILING FEE – Large Entity**

Code	(\$)	Fee Description	Fee Paid
1001	750	Utility filing fee	<input type="checkbox"/>
1002	330	Design filing fee	<input type="checkbox"/>
1004	750	Reissue filing fee	<input type="checkbox"/>
1005	160	Provisional filing fee	<input type="checkbox"/>

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity**

	Extra Claims	Fee from Below	Fee Paid
Total Claims	<input type="checkbox"/> - 20** =	<input type="checkbox"/> x	<input type="checkbox"/> = <input type="checkbox"/>
Independent Claims	<input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/> = <input type="checkbox"/>
Multiple Dependent		<input type="checkbox"/> = <input type="checkbox"/>	

** or number previously paid, if greater; For Reissues, see below

Code	(\$)	Fee Description
1202	18	Claims in excess of 20
1201	84	Independent claims in excess of 3
1203	280	Multiple dependent claim, if not paid
1204	84	**Reissue independent claims over original patent
1205	18	**Reissue claims in excess of 20 & over original patent

01/15/2003 CV0111 00000097 162480 09482691

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SUBTOTAL (2) (\$)**3. ADDITIONAL FEES**

Code	(\$)	Fee Description	Fee Paid
1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>
1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1053	130	Non-English specification	<input type="checkbox"/>
1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
1251	110	Extension for reply within 1 st month	[110]
1252	410	Extension for reply within 2 nd month	<input type="checkbox"/>
1253	930	Extension for reply within 3 rd month	<input type="checkbox"/>
1254	1,450	Extension for reply within 4 th month	<input type="checkbox"/>
1255	1,970	Extension for reply within 5 th month	<input type="checkbox"/>
1401	320	Notice of Appeal	<input type="checkbox"/>
1402	320	Filing a brief in support of an appeal	<input type="checkbox"/>
1403	280	Request for oral hearing	<input type="checkbox"/>
1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452	110	Petition to revive - unavoidable	<input type="checkbox"/>
1453	1,300	Petition to revive - unintentional	<input type="checkbox"/>
1501	1,300	Utility issue fee (or reissue)	<input type="checkbox"/>
1502	470	Design issue fee	<input type="checkbox"/>
1460	130	Petitions to the Commissioner	<input type="checkbox"/>
1807	50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>
1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>
1809	750	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
1810	750	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
1801	750	Request for Continued Examination (RCE)	<input type="checkbox"/>
1802	900	Request for expedited examination of a design application	<input type="checkbox"/>
1454	1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
Other fee (specify) _____			<input type="checkbox"/>
Other fee (specify) _____			<input type="checkbox"/>

* Reduced by Basic Filing Fee Paid

SUBTOTAL(3) (\$)**SUBMITTED BY**Name (Print/Type) **Thibault Eayette**

Signature

Complete (if applicable)

Telephone (513) 627-4593

Date January 9, 2003

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231.

(Revised for P&G use 01/01/2003)